



STATE OF MARYLAND

DMMH

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March 18, 2009

Public Health & Emergency Preparedness Bulletin: # 2009:10
Reporting for the week ending 03/14/09 (MMWR Week #10)

CURRENT HOMELAND SECURITY THREAT LEVELS

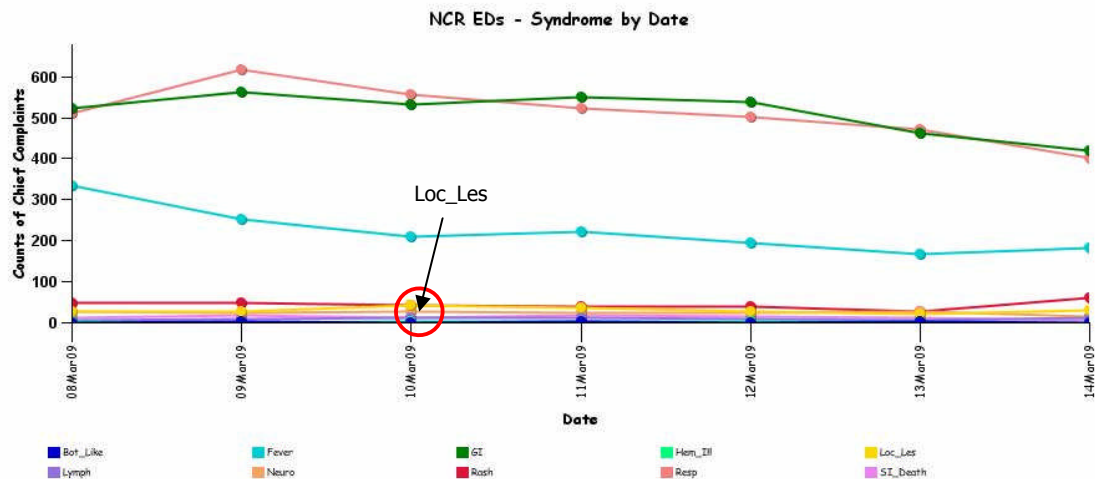
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

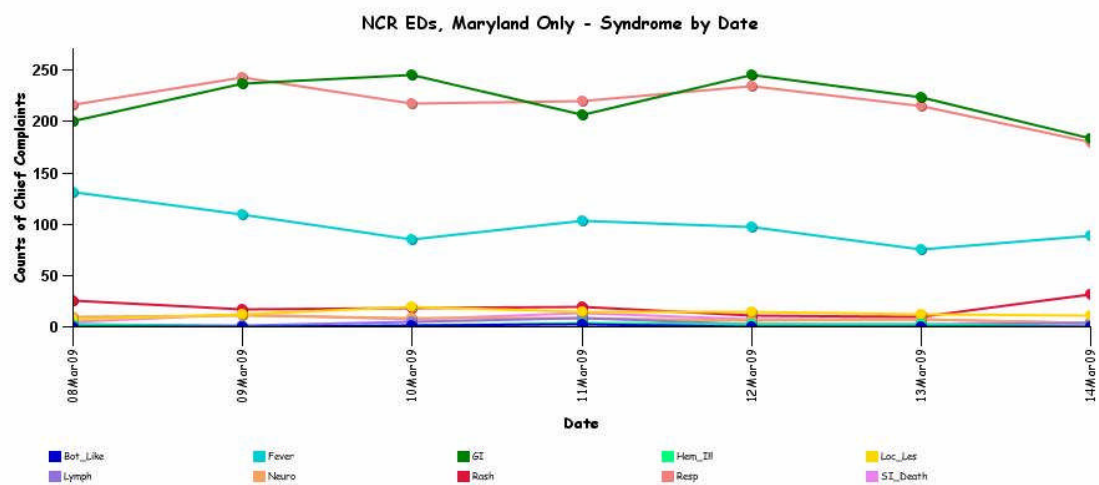
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

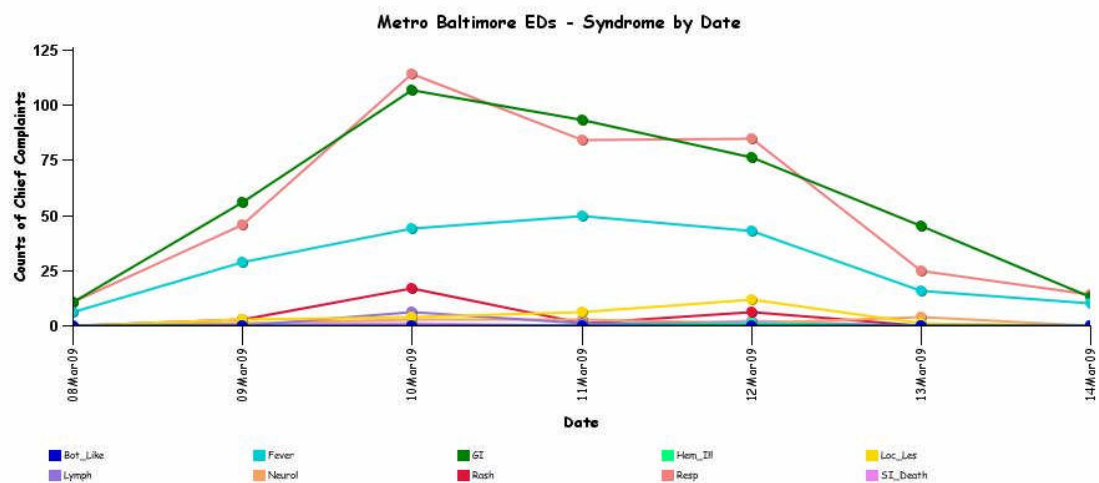
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system.



* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system.

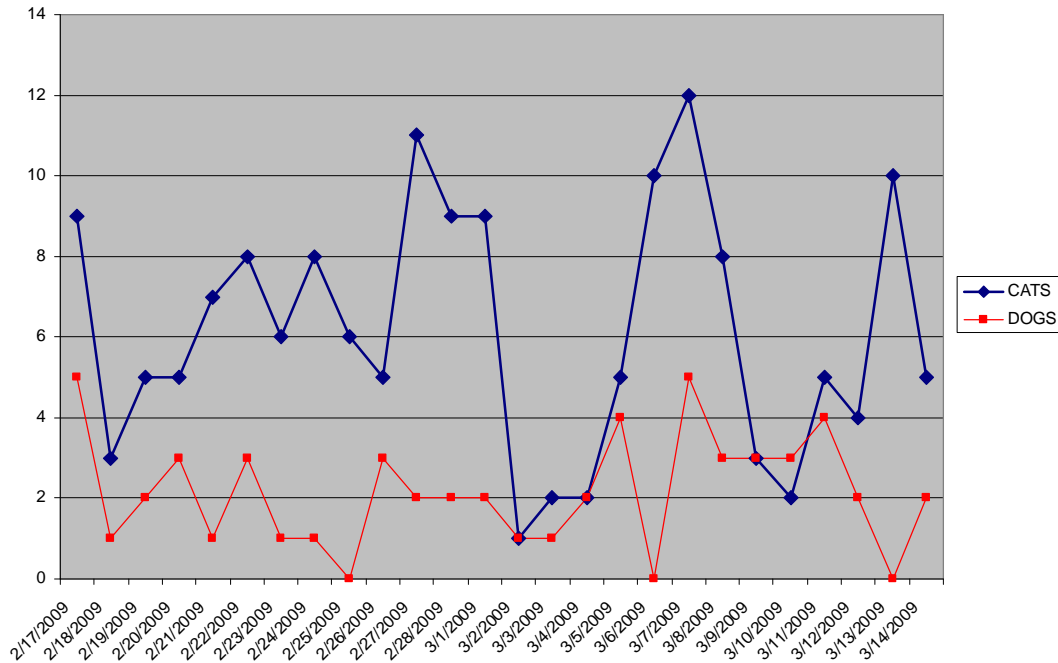


* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

****Not all data for Metro Baltimore hospitals was available due to technical issues****

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

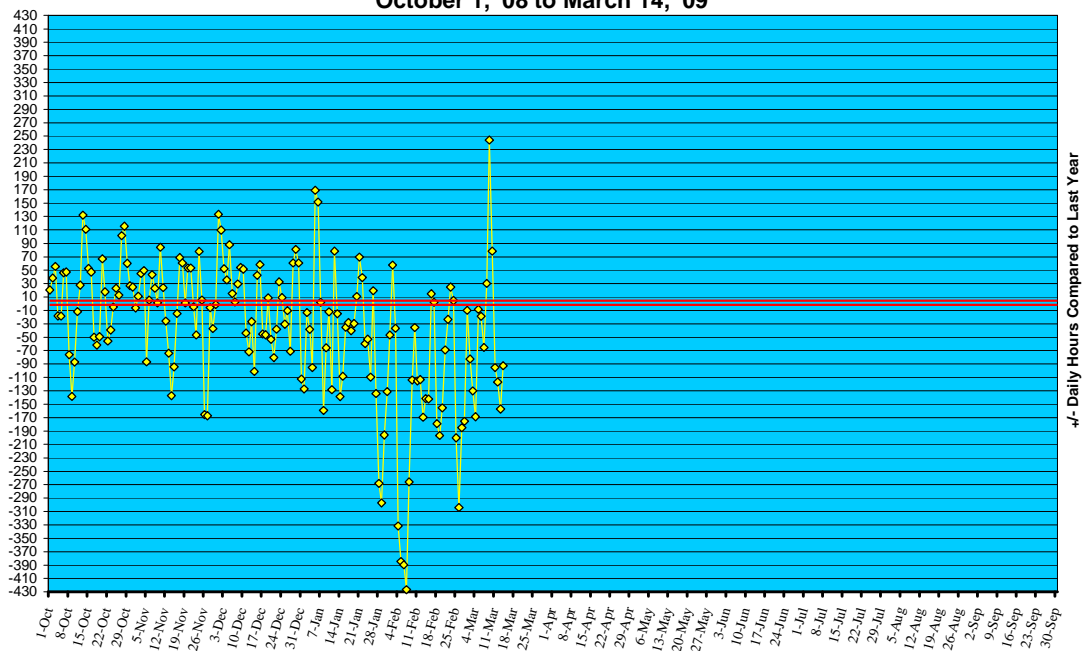
Dead Animal Pick-Up Calls to 311



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/08.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '08 to March 14, '09**



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in February 2009 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (Mar 08 to Mar 14, 2009):	10	0
Prior week (Mar 01 to Mar 07, 2009):	10	0
Week#10, 2008 (Mar 02 to Mar 08, 2008):	15	2

8 outbreaks were reported to DHMH during MMWR Week 10 (March 8- 14, 2009):

3 Gastroenteritis outbreaks

1 outbreak of GASTROENTERITIS associated with a Nursing Home

1 outbreak of GASTROENTERITIS associated with an Assisted Living Facility

1 outbreak of GASTROENTERITIS associated with a Hospital

1 Foodborne gastroenteritis outbreak

1 outbreak of FOODBORNE GASTROENTERITIS associated with a Restaurant

4 Respiratory illness outbreaks

2 outbreaks of PNEUMONIA associated with Nursing Homes

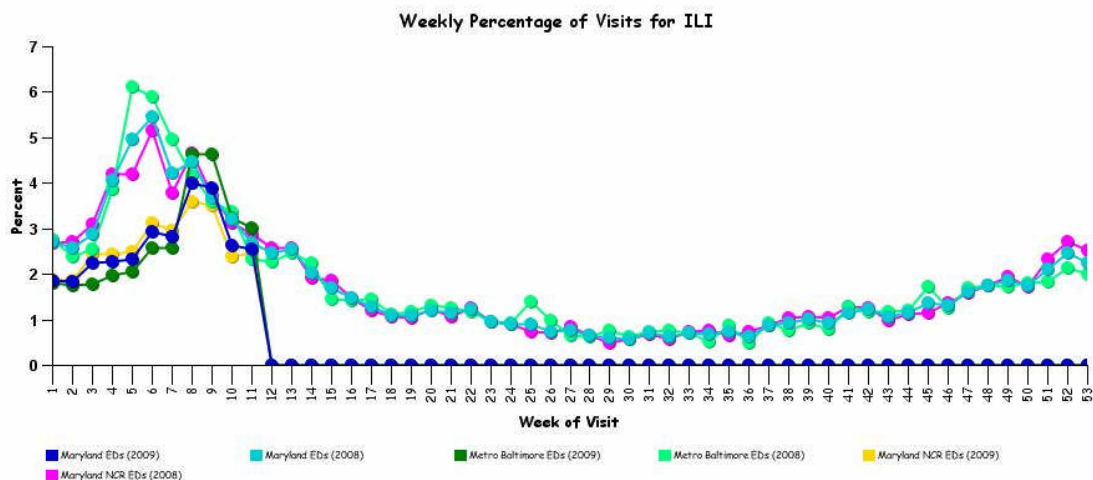
1 outbreak of ILI associated with an Institution

1 outbreak of STREP THROAT associated with a School

MARYLAND SEASONAL FLU STATUS: Influenza activity in Maryland for last Week, 09, is REGIONAL. During week 09, 878 confirmed cases of influenza were reported to DHMH.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

WHO update: As of March 11, 2009, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 411, of which 256 have been fatal. Thus, the case fatality rate for human H5N1 is about 62%.

AVIAN INFLUENZA, HUMAN (Egypt): 11 Mar 2009. The Ministry of Health and Population of Egypt has reported a new confirmed human case of avian influenza. The new case is a 2 and a half-year-old male from Amaria District, Alexandria Governorate. His symptoms began on Tue 3 Mar 2009 and he was hospitalized at Alexandria Fever Hospital where he remains in a stable condition. Infection with H5N1 avian influenza was confirmed by the Egyptian Central Public Health Laboratory on Wed 4 Mar 2009. Investigations into the source of infection indicate a history of close contact with dead and sick poultry prior to becoming ill. Of the 57 cases confirmed to date in Egypt, 23 have been fatal.

AVIAN INFLUENZA (GERMANY, WILD DUCK, H5N1): 11 Mar 2009. Germany has informed the European Commission of an outbreak of H5N1 bird flu, the EU's 1st case of the lethal strain of the contagious disease in poultry this year [2009]. The outbreak "was found in a wild duck shot during a hunt near the town of Starnberg in the German state of Bavaria," the European Union's executive arm said in a statement. The district office in Starnberg, just southwest of Munich, said in a statement the duck was shot on [10 Jan 2009] and tested as part of an EU-wide monitoring programme. None of the 39 birds shot on the hunt showed signs of illness. Experts said the positive test was not surprising as wild birds are a natural 'virus reservoir', the Starnberg district office added. "Individual positive findings in the framework of the monitoring of wild birds are, furthermore, to be expected," the office said. "There are no indications that during the last 8 weeks a highly pathogenic virus has, directly or indirectly via a wild bird, been introduced into a poultry stock, or carried on from there," the district office added. "There are so far no indications of the virus spreading in the wild bird population," the office said. The Starnberg authorities had not made any area off-limits or set up a monitoring area following the positive test. "On basis of the favourable result of a risk assessment, Germany may refrain from the establishment of a control area and a surrounding monitoring area around a positive finding," the European Commission said in its statement. The last wild-bird case of bird flu in the 27-nation bloc was found in a Canadian goose in Britain in February last year [2008], while the last outbreak in poultry of H5N1 in the EU was detected last October [2008] in the German state of Saxon.

AVIAN INFLUENZA, HUMAN (EGYPT): 11 Mar 2009. The Ministry of Health and Population of Egypt has reported a new confirmed human case of avian influenza. The new case is a one-and-a-half-year-old female from Menofia Governorate. Her symptoms began on 6 Mar 2009, and she was hospitalized on 9 Mar 2009, where she remains in a stable condition. Infection with H5N1 avian influenza was confirmed on Tue 10 Mar 2009 by the Egyptian Central Public Health Laboratory. Investigations into the source of her infection indicate a history of close contact with dead and sick poultry prior to becoming ill. Of the 58 cases confirmed to date in Egypt, 23 have been fatal.

NATIONAL DISEASE REPORTS:

SALMONELLOSIS, SEROTYPE SAINTPAUL, SPROUTS RECALL (Multi State): 10 Mar 2009. Five states have now reported _Salmonella_ Saintpaul bacterial infections thought to be linked to sprouts from SunSprout Enterprises Inc. of Omaha, Nebraska. Although laboratory testing did not confirm sprouts as the source, as a precautionary measure, the company voluntarily recalled its alfalfa, onion, and gourmet sprouts. According to the Food and Drug Administration spokesman Mike Herndon, an inspection at Sun Sprout was ongoing, but no cause of the salmonella outbreak had been found so far. Company officials said sprouts suspected to be involved in the current salmonella cases were distributed to food distributors in Iowa and Nebraska who sell the product to restaurants and retail stores. The sprouts were sold refrigerated under the SunSprout label in 4-ounce clear plastic clamshell containers. The alfalfa sprouts are also packaged in bulk 2.5-pound and 5-pound cases for use in restaurants. The onion sprouts and gourmet sprouts are not packaged in bulk form. The 5 states have reported about 50 cases of salmonella infection. They are Kansas, Nebraska, South Dakota, Iowa, and Missouri. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

BOTULISM, HOME CANNED GREEN BEANS (WASHINGTON): 10 Mar 2009. Health officials and food preservation experts are warning home canners to follow strict safety rules after a Spokane woman and 2 young children were sickened by botulism from improperly canned green beans from a home garden. The Spokesman-Review reports the victims were a nurse in her 30s and 2 children younger than 10. She remains on a ventilator and is recovering slowly. The children suffered milder symptoms. The 3 were given an antitoxin that was flown to Spokane from a special storage facility in Seattle. Epidemiologist Dorothy MacEachern with the Spokane Regional Health District is concerned that people

have been responding to difficult economic times by canning more of their food perhaps improperly. Food safety experts say special precautions must be taken when canning low-acid foods such as green beans and asparagus. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS:

CHIKUNGUNYA (INDIA): 14 Mar 2009. More than 100 suspected cases of chikungunya have been reported in Kothra village of Nandod taluka, Narmada district recently. The district health authorities had sent blood samples of 5 individuals for further tests at the B J Medical College in Ahmedabad, of which 2 cases have tested positive. Chikungunya cases were 1st reported on 6 Mar [2009]. Narmada district health officials said the disease had spread across Dabhoi taluka in Vadodara district. Pradeep Prajapati, Joint Director of Malaria programme in Gujarat, who visited the village, said: "The chikungunya virus is endemic in the state and sporadic cases have been reported from some places." Narmada Chief District Health Officer Dr Appu Rao said: "The health officials 1st came to know about the case on 6 Mar [2009]. The cases were taken to the Primary Health Centre (PHC) at Jesalpur. There could be 2 reasons for the spread of the disease: one due to the extensive breeding of the *Aedes aegypti* mosquitoes in the utensils used to feed livestock. Secondly, the virus could have spread from the neighbouring villages." He added that nearly 15 people from Dabhoi, Vadodara district, visited Kothra village in February [2009] for a religious meet and might have carried the virus, which has now spread. Meanwhile, Vadodara health authorities denied having any reports on the outbreak across the. The district health authorities had carried out health inspection in Savli and Dabhoi talukas on Friday [13 Mar 2009]. Blood samples of all the fever cases were collected for further tests for chikungunya and other vector borne diseases. Dr Rao refused to divulge further details about 2 confirmed cases of chikungunya. He said: "We have started anti-larval activities, and are also spreading information in the area." (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

BRUCELLOSIS, UNPASTEURIZED CHEESE (MEXICO): 13 Mar 2009. The sale of contaminated cheese, mainly in the Hidalgo Market has already generated 47 cases of brucellosis, also called "Malta fever" in the state capital [Guanajuato], according to the head of the Sanitary Jurisdiction No. 1, Rafael Sanchez Leyva. This led to the seizure of approximately 800 kilograms [approx. 1765 lb] of cheese contaminated with the bacterium causing brucellosis and a fine of over [MXN] 500 000 [approx. USD 34 000] to the producer from a facility in Silao. The seizure took place 2 weeks ago at the Hidalgo Market and the head of the Sanitary Jurisdiction No. 1 assured that there were approximately 800 kilograms of cheese, which have been confirmed as contaminated [with *Brucella*]. Without specifying the name of the factory or its owner, the official said that all merchandise was picked up and destroyed, and it was fined [MXN] 590 000 [approx. USD 40 000]. [He added,] "the man from the cheese factory deceived us, by pasteurizing 1000 liters of milk and mixing it with 9000 liters of non-pasteurized milk. However the law does not allow me to [reveal his], but the factory is now closed." Apparently, the products were distributed in the municipalities of Silao, Leon, Romita and capital, however, it is not known whether there were [affected individuals] from consumption of contaminated cheese in these towns. Given this situation, Sanchez Leyva warned people not to consume milk products of dubious source, because [the products] may not be pasteurized and thus [they are at risk of] getting a disease, "do not eat cheese that is not pasteurized and use well boiled milk." (Brucellosis is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

FOOD POISONING (CASSAVA - CAMEROON, CENTRAL AFRICAN REPUBLIC): 12 Mar 2009. The consumption of toxic compounds with improperly prepared cassava with high cyanogenic potential has caused disastrous consequences in some regions of Cameroon and the Central African Republic, provoking an outbreak of Konzo, a new disease that causes paralysis of both legs. The French-based humanitarian NGO, Medecins Sans Frontieres and the United Nations Children Emergency Fund (UNICEF) reported the disease in August last year [2008] in the East and Adamawa regions of Cameroon. Health experts and researchers say Konzo occurs abruptly within minutes or hours in previously healthy persons whose diets consist almost exclusively of foods from roots of bitter cassava which have not been properly processed. General symptoms of the disease include deafness, blindness, aggravated goiter, partial or total paralysis of arms and cranial nerves, and acute cyanide intoxication, which appears 4-6 hours after consumption and consists of vomiting, collapse and, in some cases, death. In order to overcome the outbreak of the disease in Cameroon and the Central African Republic, the International Institute of Tropical Agriculture (IITA) took the initiative to organize a meeting of stakeholders at IITA-Nkolbisson last Tues 3 Mar 2009 to identify strategic preventive measures and approaches to eliminate the disease. Experts drawn from health and research institutions, international NGOs, UN agencies and universities, including representatives of partner organizations (IITA, IRAD, FAO, CRS, PNDRT, MINADER, MINSANTE, MINRESI, UNICEF, CODAS Bertoua, SARB Batouri, Universities of Buea, Ngaoundre and Yaound 1) brainstormed and identified strategic preventive measures and approaches to eliminate Konzo as well as build potential partnerships. In effect, the meeting brought up a multi-faceted proposal including a baseline survey and sensitization campaign, introduction of improved cassava varieties with low cyanogenic potential, reduction in malnutrition, and empowerment of local communities in post harvest processing options and capacity building. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmd.state.md.us/>

Maryland's Resident Influenza Tracking System: www.tinyurl.com/flu-enroll

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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